

Name
in
Full

Adeline Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>Oct</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>90</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Anne Arundel Co.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Henry Boston</i>			
Father's Name <i>John Holland</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Anne Arundel Co.</i>			
Name of person giving Information <i>Joseph Boston</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>1 yr</i>
Immediate	<i>dropsy</i>	How long	<i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Collinson</i>	
		Address <i>South River</i>	
Accident or Suicide?		<i>Ad.</i>	



Name
in
Full

Charlie J. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Davidsonville</u> ^{Town}		<u>A-A-C</u> ^{County}		MARYLAND	
Date of death 1903	<u>Oct</u> ^{Month}	<u>25</u> ^{Day}	Age <u>5</u> ^{Years}	<u>6-</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Walter Clark</u>			Father's Birthplace		
Mother's Maiden Name <u>Eva Butler</u>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Conjunctive Chill</u>	How long
Immediate	<u>Yes</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Physician <u>Dr. Davidson</u>
		Address <u>Undertakers Home</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgianna Comegys</i>		Town <i>Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Month <i>10</i>		Day <i>5</i>	
Age <i>66</i>		Years <i>66</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Jessup</i>					
Married, Single <i>Widowed</i>		Name of Husband <i>John P. Comegys</i>					
Father's Name <i>Isaac Mitchell</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Brown</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving Information <i>John P. Comegys</i>		How related to deceased <i>husband</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>		How long <i>3 years</i>	
Immediate <i>dyspnoea</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. J. Gammitt</i>	
Address <i>Jessup</i>		Address <i>Jessup</i>	
Accident or Suicide? <i>No</i>		Signature of Physician <i>Ind.</i>	



Name
in
Full

Frank Jacob David

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winfield</i> <small>Town</small>		<i>a</i> <small>County</small> <i>a</i>		MARYLAND	
Date of death 1903	Month 10	Day 9	Age —	Months 2	Days 12
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>John David</i>			Father's Birthplace <i>Gr</i>		
Mother's Maiden Name <i>Annies Pulka</i>			Mother's Birthplace <i>Gr</i>		
Name of person giving In formation <i>John David</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>meningitis</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos B Brayton</i>
	Address <i>Blue Beech</i>
Accident or Suicide?	



Name
in
Full

Daniel Edwards

CERTIFICATE OF DEATH

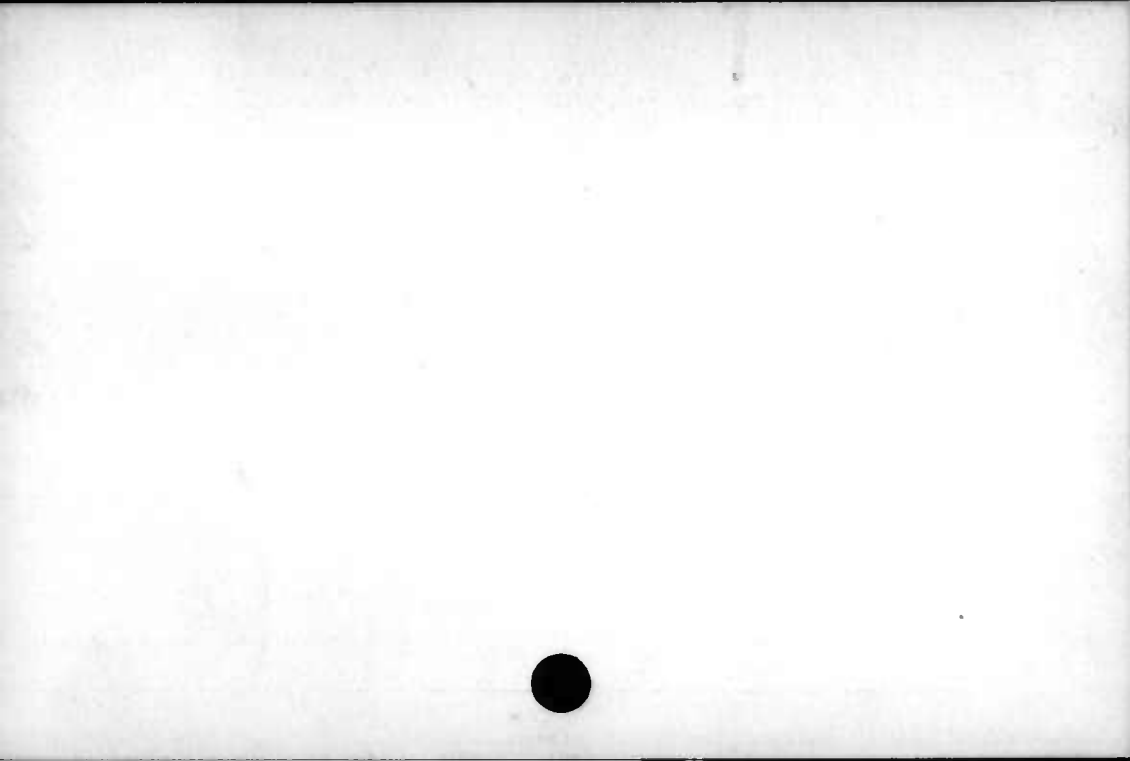
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williams</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>12</i>	Age <i>48</i>	Months	Days
Sex <i>male</i>	Color or Race <i>African</i>	Birth-place <i>A A Co</i>			
Married, Single or Widowed <i>single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Samuel Edwards</i>		Father's Birthplace <i>A A Co</i>			
Mother's Maiden Name <i>Nackie</i>		Mother's Birthplace <i>99</i>			
Name of person giving information <i>Ernest Harman</i>		How related to deceased <i>none</i>			

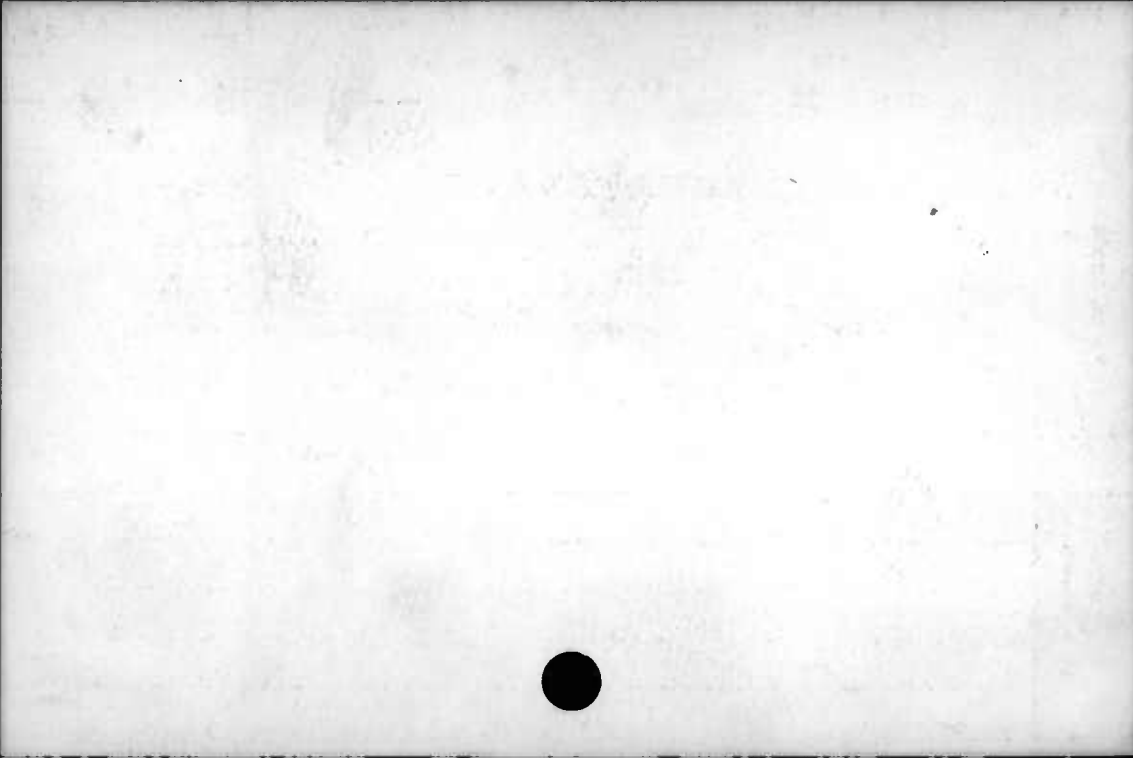
CAUSES OF DEATH

PHYSICIAN
OR CORONER

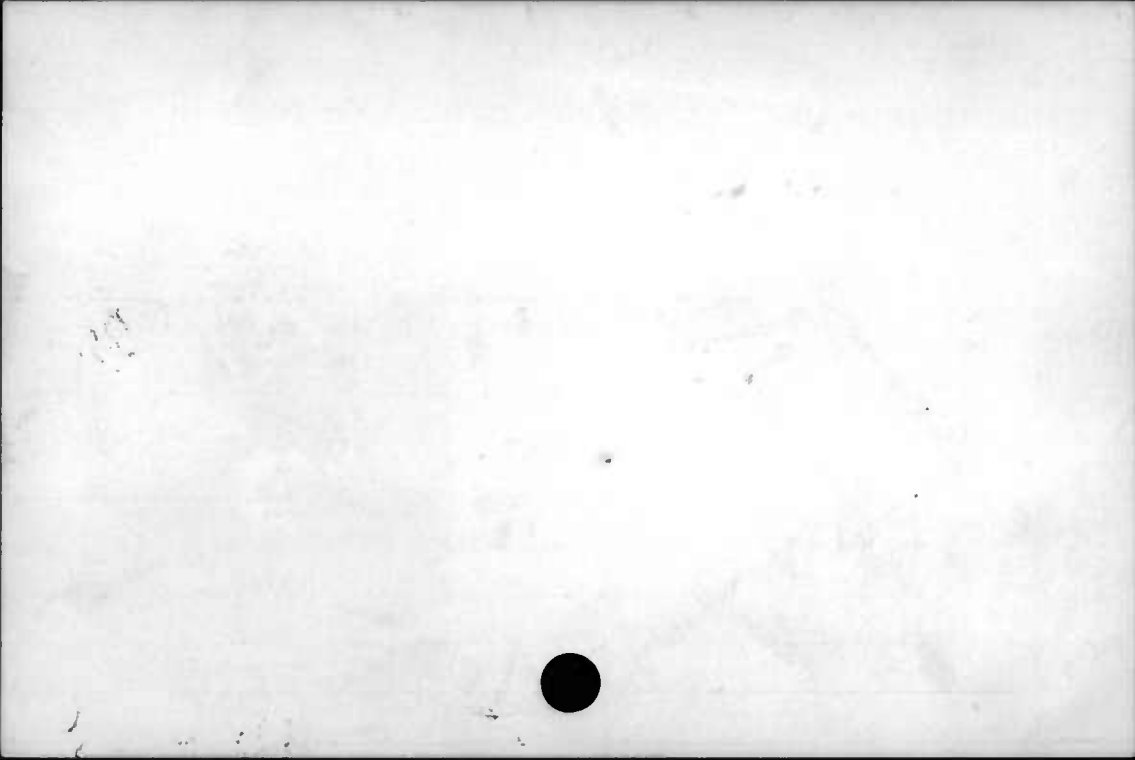
Primary	How long
Immediate <i>Paralysis of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas Bayphaw</i>
<i>✓</i>	Address <i>Gen Buire</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Brooklyn		A A		MARYLAND			
		Date of death 1903		Month 10		Day 23		Age 4		Months -	
		Sex Female		Color or Race white		Birth-place Brooklyn					
		Married, Single or Widowed Single		Occupation child							
		Name of Wife or Husband									
		Father's Name		Maud Froy the		Father's Birthplace		Canada			
		Mother's Maiden Name		Emma Froy the		Mother's Birthplace		Virginia			
Name of person giving information		Maud Froy the		How related to deceased		Father					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Meningitis		How long		1 week			
		Immediate		Convulsion		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Johnson M.D.			
						Address		Brooklyn Md			
		Accident or Suicide?		No							



Name in Full James Gantt. Sr		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Annapolis <small>Town</small>		a. a <small>County</small>
	Date of death 1903 Oct <small>Month</small>		4 <small>Day</small>
	Age 61 <small>Years</small>		Months <small>Days</small>
	Sex Male	Color or Race White	Birth-place Calvert Co
	Married, Single or Widowed Married	Occupation Ex. Farmer	
	Name of Wife or Husband Mary. A. E. Gantt		
	Father's Name		
PHYSICIAN OR CORONER	Mother's Maiden Name		Father's Birthplace
	Name of person giving information Wm. E. Gantt		Mother's Birthplace 79
			How related to deceased Son
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Valvular Disease Heart		How long 8 yrs
	Immediate Asthma		How long Two days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
	Yes Yes		Address Geo. Wells, Annapolis Md.
Accident or Suicide? No.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date		Month	Day	Years	Months	Days	
of death 1903		Oct	9 th	45			
Sex	Female		Color or Race	colored		Birth-place	city
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			John Green			Father's Birthplace	At Co.
Mother's Maiden Name			Margaret Benz			Mother's Birthplace	city
Name of person giving information			Father			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Mary Green	
		Address	
		Midwife	
		Annapolis Md	
Accident or Suicide?			

600



Name
in
Full

Kate Gertrude Hall

CERTIFICATE OF DEATH

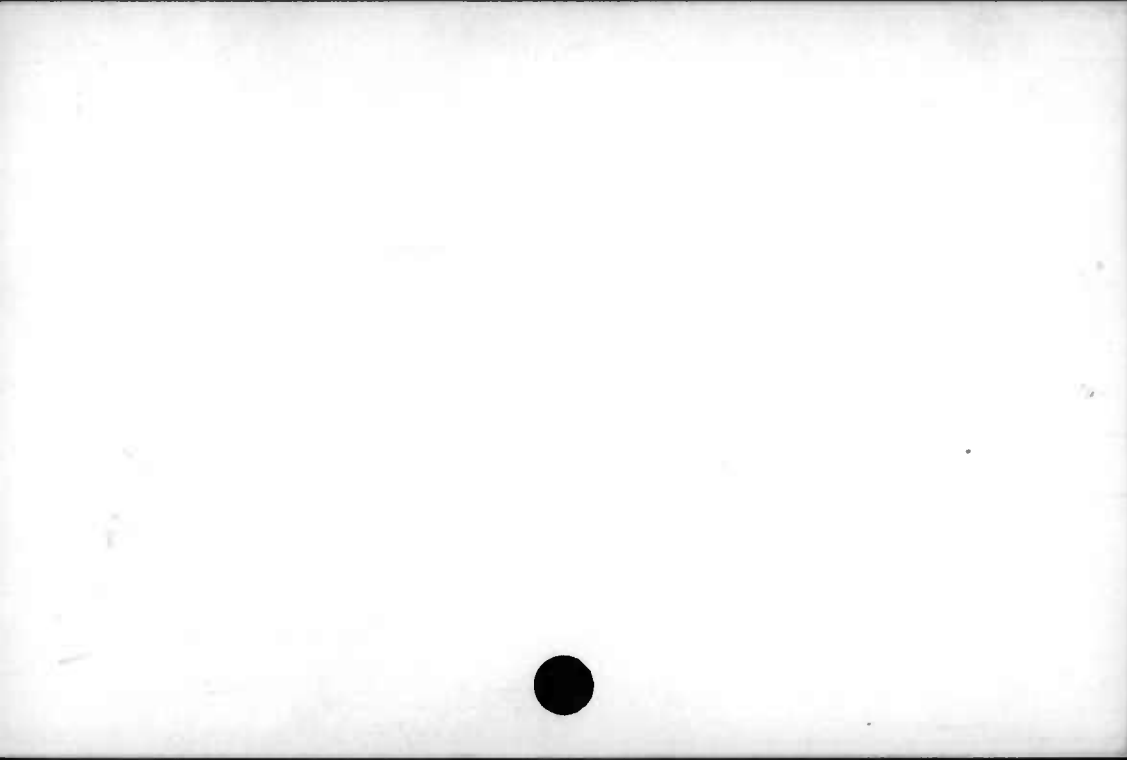
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grace's Landing</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1903</u>	Month <u>October</u>	Day <u>23</u>	Age <u>60</u> Years	Months <u>3</u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore, Md.</u>		
Occupation <u>~~~~~</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>F. Waters Hall</u>			
Father's Name <u>Alexander Robinson</u>		Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Anna Maria Appold</u>		Mother's Birthplace <u>Baltimore, Md.</u>			
Name of person giving Information <u>F. Waters Hall</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Endo-Carditis</u>	How long <u>4 weeks</u>
Immediate <u>Hypostatic Congestion of Lungs</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Ferrie</u>
	Address <u>McKendree, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

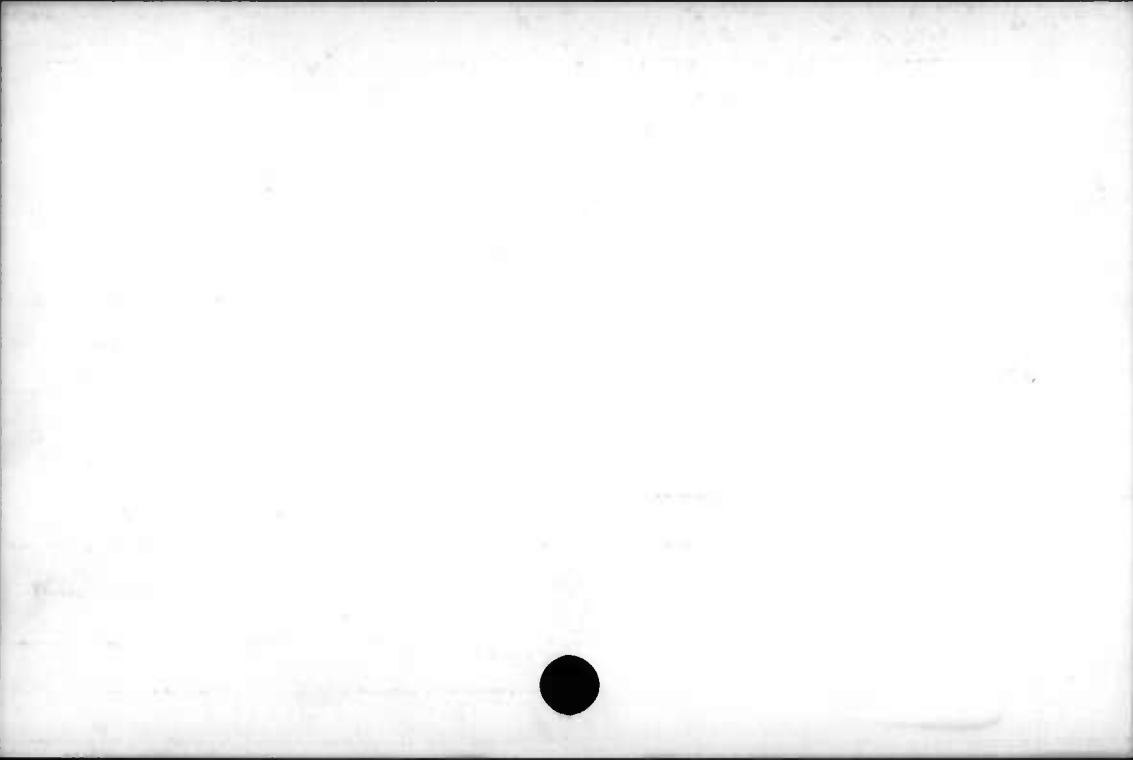
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H Jackson</i>		Town <i>MD House of Correction Jessup</i>		County <i>Anne Arundel</i>		State MARYLAND	
Died at <i>MD House of Correction Jessup</i>		Date of death 1903		Month 10		Day 24	
Age 17		Years 17		Months —		Days —	
Sex Male		Color or Race Black		Birth- place A. C			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband —			
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving Information —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>2 months</i>	
Immediate <i>Exhaustion</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician <i>C. J. Carrico</i>	
		Address <i>Physician in charge of MD House of Correction - Jessup</i>	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town <u>Johns</u> County <u>At</u>		MARYLAND	
Date of death <u>1903</u>	<u>Oct</u> Month <u>23</u> Day	Age <u>15</u> Years	<u>2</u> Months Days
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Annapolis</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Charles Johnson</u>	Father's Birthplace <u>city</u>		
Mother's Maiden Name <u>Rebecca Torsey</u>	Mother's Birthplace <u>city</u>		
Name of person giving information <u>Father</u>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>Since</u>
Immediate <u>Exhaustion</u>	How long <u>but</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. A. Adams</u>
<u>yes</u>	Address <u>Undertaker</u>
Accident or Suicide?	<u>Annapolis Md</u>



Name in Full

Certificate of Death

Clara Virginia Johnson

Died at ^{Town} Lake Shore P.O. ^{County} Anne Arundel County - MARYLAND

Date 1903 - Oct - 14 | Age 52 - - | Native of A. A. C. | Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

2

Husband of Charles A. Johnson

~~Wife~~

Father's Name Stephen Lark

Mother's Maiden Name Elizabeth L. Rockhold

Cause of Primary Typhoid

How long sick

5 days

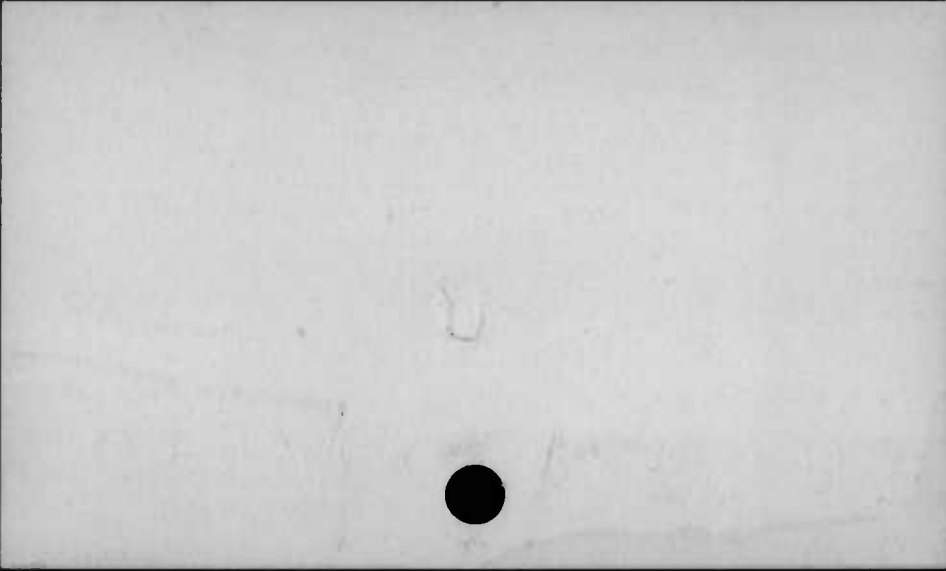
Death Immediate

~~Accident, Suicide, Homicide~~

Reported by Melville S. Deneale Jr. Acting Coroner

Address Annapolis P.O. A. A. C. Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert E. Lewin

CERTIFICATE OF DEATH

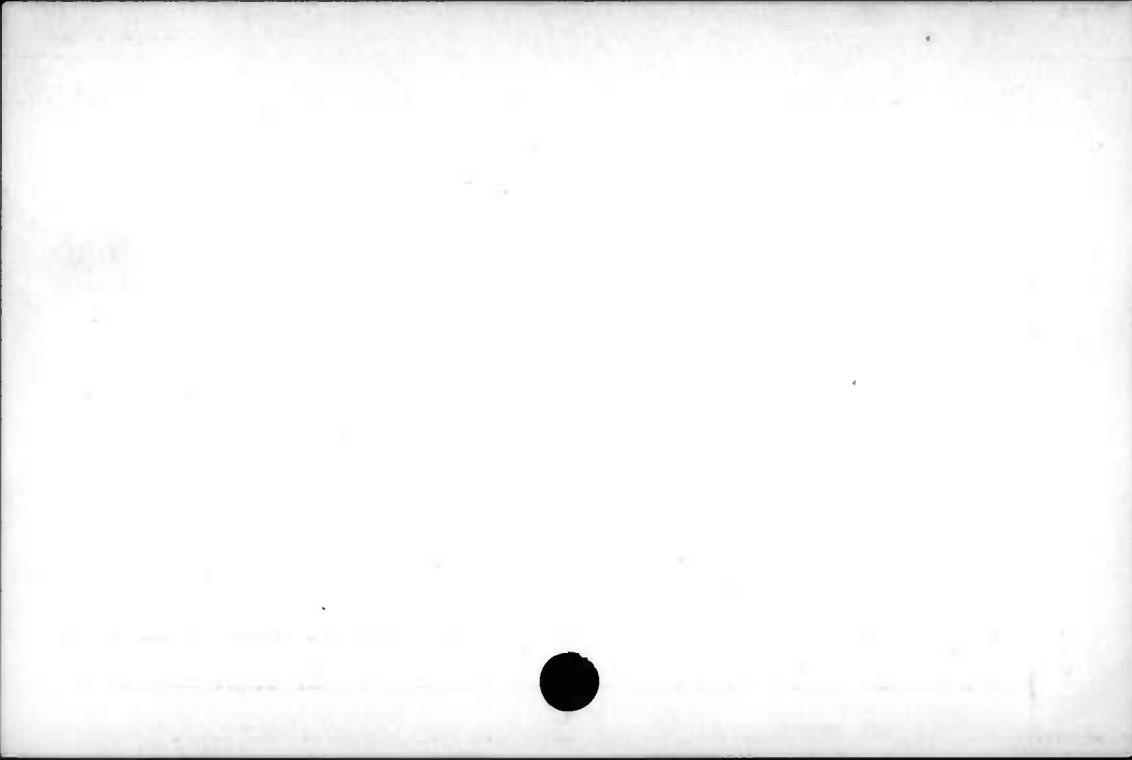
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>A A Co</i> ^{County}		MARYLAND	
Date of death 1903	<i>Oct</i> ^{Month}	<i>21</i> ^{Day}	<i>about 22</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Plainfield N.H.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Med Student</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Dr. E. S. Bogert</i>			How related to deceased <i>not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac weakness</i>	How long <i>—</i>
Immediate <i>Cardiac Syncope</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles G. Feldmeyer</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>—</i>	<i>Justice of the Peace Acting Coroner & officer.</i>



Name
in
Full

Violet Maynard Lenthicum

CERTIFICATE OF DEATH

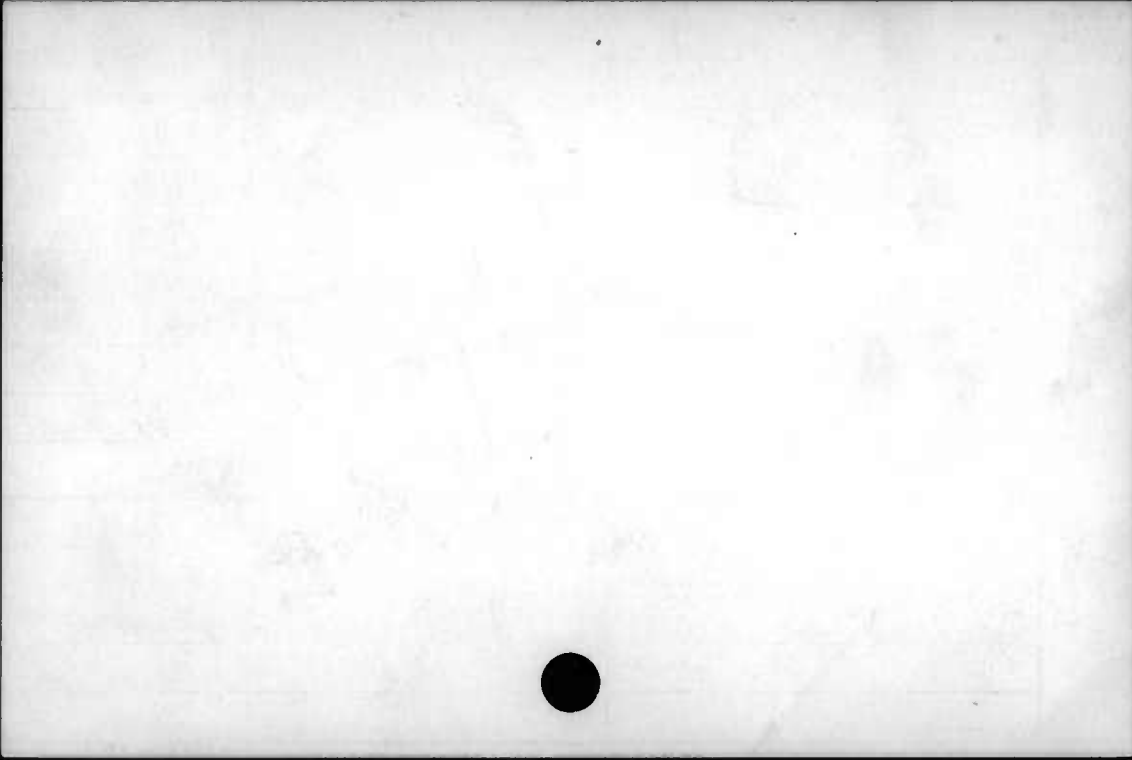
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	3	Month <i>October</i>	Day <i>26</i>	Age	Years <i>Seven</i>	Months <i>3</i>	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Annapolis</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>John Lenthicum</i>				Father's Birthplace <i>A A Co</i>			
Mother's Maiden Name <i>Eliza C White</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>J L</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>Suffocation</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?		<i>No.</i>	



Name
in
Full

Barbara Schubach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Green Run</i>		County <i>A</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Oct	6	32		4	2
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		John Schubach					
Father's Name		Father's Birthplace					
Theobald Linberger		Germany					
Mother's Maiden Name		Mother's Birthplace					
Theresa		Germany					
Name of person giving Information		How related to deceased					
Barbara Linberger		Sister in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysphoid Pneumonia</i>	How long	<i>12 days</i>
Immediate	<i>Heart failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Thomas H. Prayshaw</i>	
		Address	
		<i>Green Run</i>	
Accident or Suicide?			

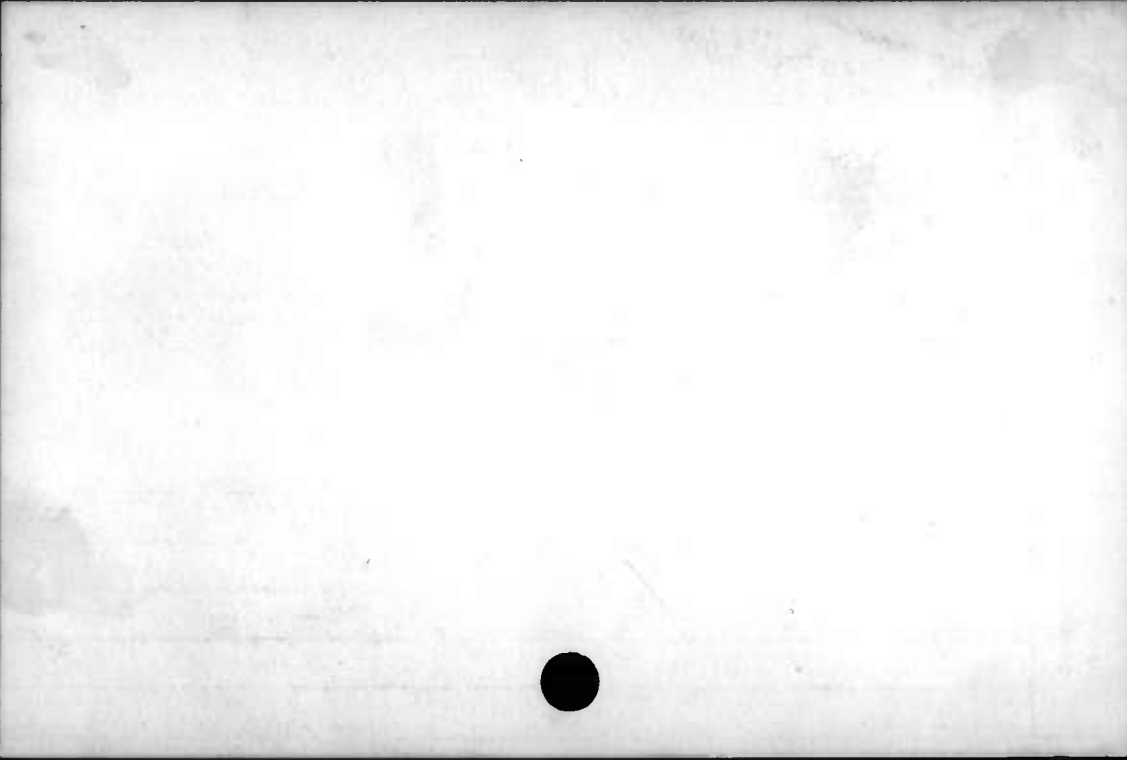
Holy Redeemer Cemetery

Oct-9th 1903

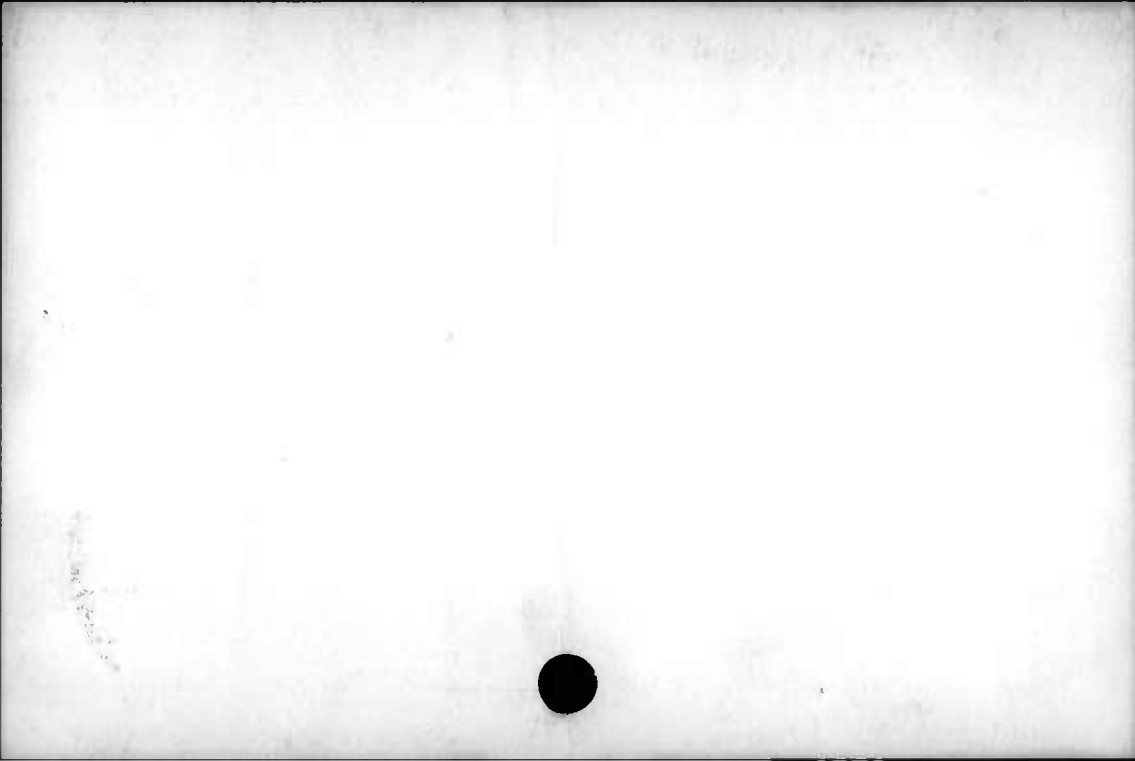
Germanus France

Under taken

Name in Full		Sarah Wood Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Years	Months	Days
	10		October	22	Age 75	10	28
	Sex		Color or Race		Birth-place		
	Female		White		Athens Maine		
	Married, Single or Widowed		Occupation				
	Married Widowed						
	Name of Wife or Husband		Thomas E. Martin				
PHYSICIAN OR CORONER	Father's Name		79		Father's Birthplace		
	George W. Bixby				Maine		
	Mother's Maiden Name		White		Mother's Birthplace		
Name of person giving information		Louise S. Robt.				How related to deceased	
		Daughter					
CAUSES OF DEATH							
Primary		Valv Heart Disease				How long	
						Dont know	
Immediate						How long	
						20 minutes	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
				Annapolis Md			
Accident or Suicide?							



Name in Full Arthur Meade		CERTIFICATE OF DEATH			
Died at Eastport Town		A. A. Co. County		MARYLAND	
Date of death 190 3	Month Oct	Day 24	Age 12	Months 7	Days 27
Sex Male		Color or Race White		Birth-place Calvert Co Md	
Married, Single or Widowed Single			Occupation ---		
Name of Wife or Husband ---					
Father's Name R. G. Meade			Father's Birthplace Calvert Co Md		
Mother's Maiden Name Annie M Hutchins			Mother's Birthplace Calvert Co Md		
Name of person giving information R. G. Meade			How related to deceased Father		
CAUSES OF DEATH					
Primary Inflammation of Brain			How long 6 days		
Immediate Exhaustion			How long ---		
Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician Wm S. Welch		
			Address Annapolis		
Accident or Suicide? ---			Md		



Name
in
Full

Thelma Murray

CERTIFICATE OF DEATH

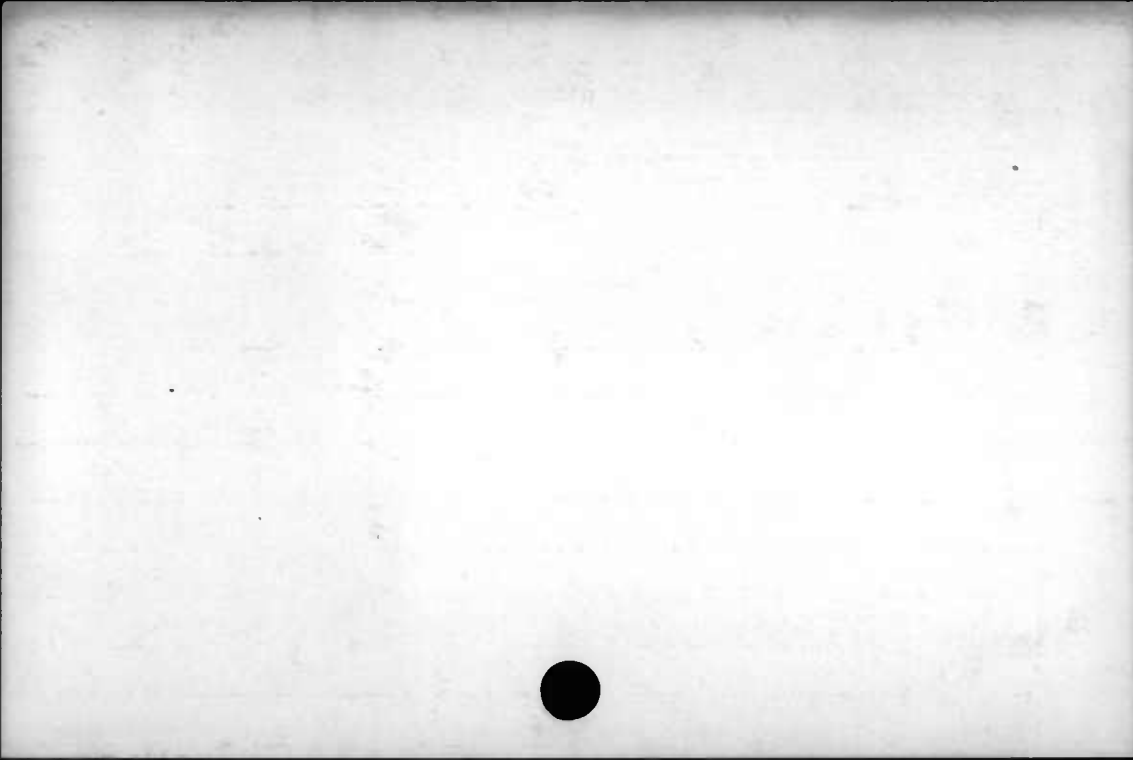
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchton</u> ^{Town} <u>AA</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>18</u>	Age <u>7</u> Years
Sex <u>Female</u>		Color or Race <u>Colored</u>	Birth-place <u>Churchton, Md</u>
Married, Single or Widowed <u>Single</u>		Occupation <u>School-girl</u>	
Name of Wife or Husband _____			
Father's Name <u>Alex. Murray</u>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Sarah Chew</u>		Mother's Birthplace <u>Balti. Md</u>	
Name of person giving information <u>Thos. Murray</u>		How related to deceased <u>Uncle</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. T. Dent</u>
	Address <u>Churchton Md</u>
Accident or Suicide?	



Name
in
Full

Richard Pitts

CERTIFICATE OF DEATH

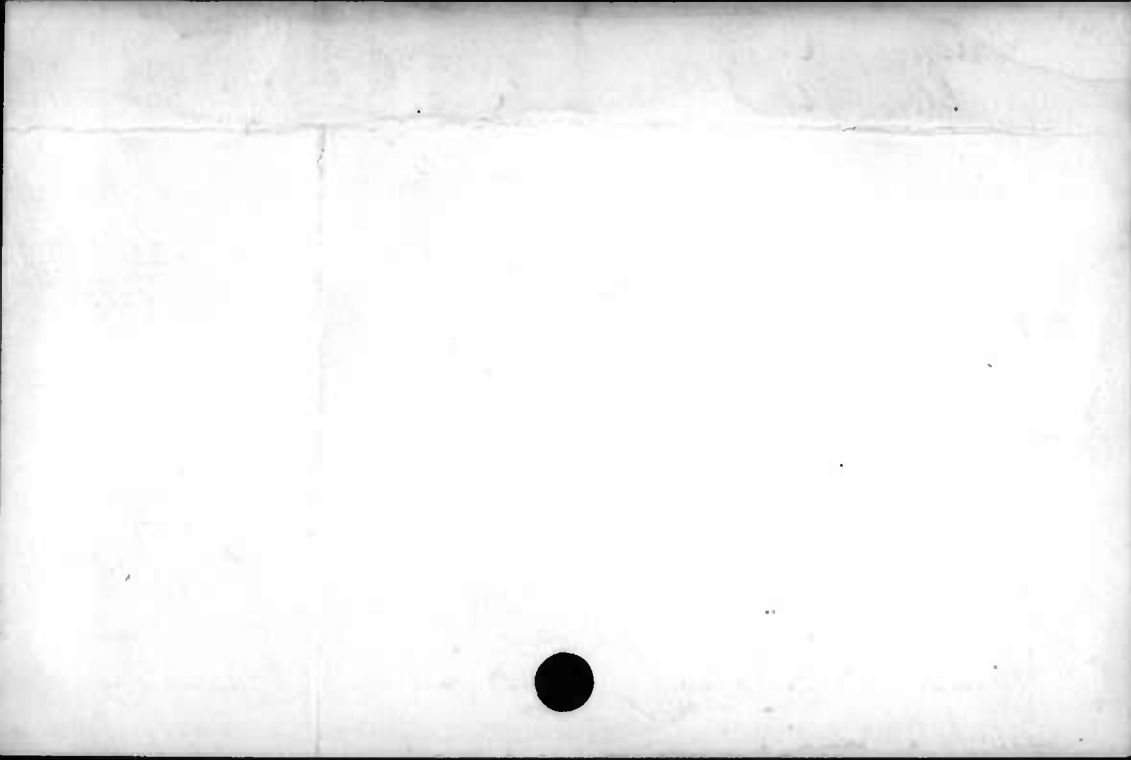
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solleys</u> Town		<u>aa</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>15</u>	Age <u> </u> Years	Months <u> </u>	Days <u>7</u>
Sex <u>male</u>		Color or Race <u>African</u>		Birth-place <u>Solleys</u>	
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Mr. Pitts</u>			Father's Birthplace <u>aa Co</u>		
Mother's Maiden Name <u>Amelia Turner</u>			Mother's Birthplace <u>aa Co</u>		
Name of person giving information <u>Mr. Pitts</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <u> </u>
Immediate <u>Infantile Convulsion</u>		How long <u>8 Hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. A. Branchan</u>
		Address <u>Islen Blum</u>
Accident or Suicide? <u> </u>		



Henry Purdy

Town

County

Died at

MARYLAND

South River Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Oct 13

Age

70

Md

Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

None

Husband

of

Wife

Father's

Name

Henry Purdy

Maiden Name

Margaret Gaylor

Cause of

Primary

Bright's disease

How long sick

5 months

Death

Immediate

dropsy

Accident, Suicide, Homicide

Reported by

John Collinson

Address

South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchton</u> ^{Town}		<u>A.A.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct</u> ^{Month}	<u>25</u> ^{Day}	Age <u>64</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth- place <u>Ind</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>None</u>		
Name of Wife of <u>Joe</u> <u>Randall</u> Husband					
Father's Name <u>Thos. Henry Rogers</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Henrietta Kirby</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Mary Marshall</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>7 Days</u>
Immediate <u>Pulmonary Embolism</u>	How long <u>2</u> "
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. T. Drisk</u>
	Address <u>Churchton, Ind</u>
Accident or Suicide?	



Name
in
Full

John Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Williams* Town*Anne Hundel* County

MARYLAND

Date of death 190 *3* Month *October*Day *4*Age *28* Years

Months

Days

Sex *Male*Color or Race *African*Birth-place *Anne Hundel*Married, ~~Single~~
or ~~Widowed~~

Occupation

Name of Wife or
~~Husband~~*Rachel Rose*Father's Name *William Rose*Father's Birthplace *Attested*Mother's Maiden Name *Not Known*Mother's Birthplace *Attested*Name of person giving
Information*Byrus Stewart*How related to deceased *Father in law*

CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Moral Regurgitation

How long

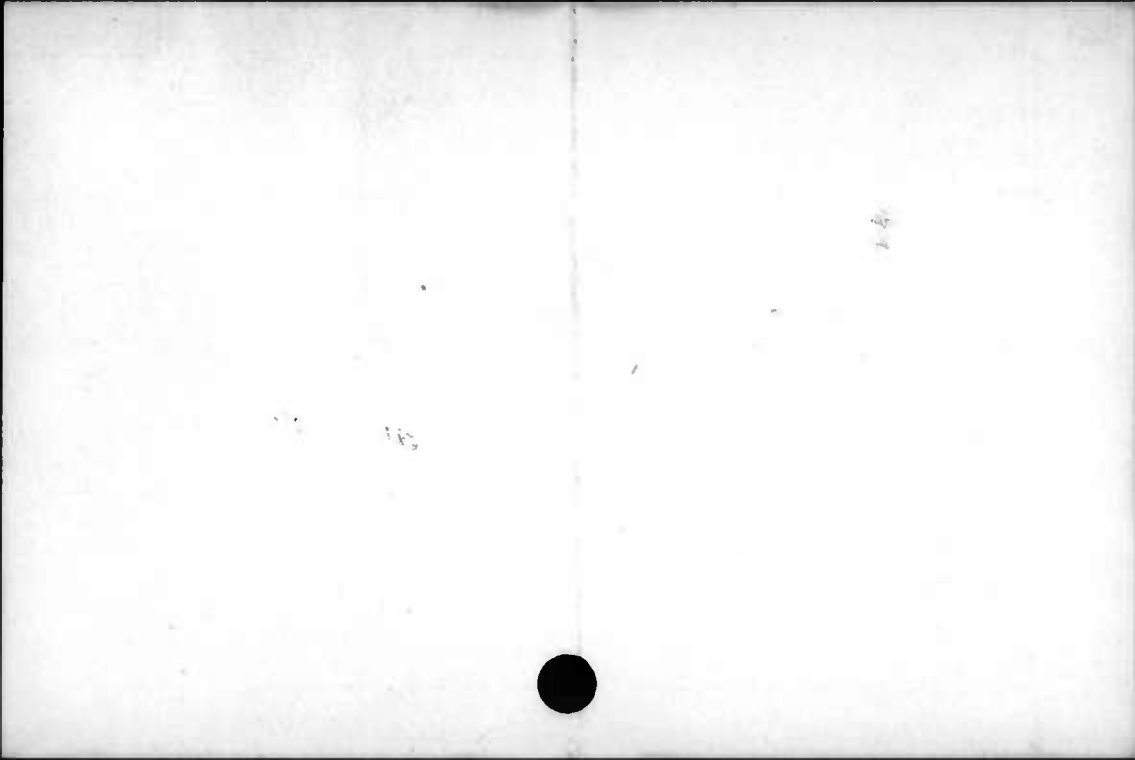
*4 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C. R. Robinson*

Address

*Eekridge**Maryland*

Accident or Suicide?

PHYSICIAN
OR CORONER



Richard Parnen Dellman

Town

County

Died at South River Anne Arundel

MARYLAND

Date 193 Oct. 15 Age 64 Md. Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 6

Husband of Susanna Witright

Wife

Father's Name Alfred Dellman

Mother's

Maiden Name

Angie Parnen

Cause of Primary Cancer of Stomach

How long sick

8 months

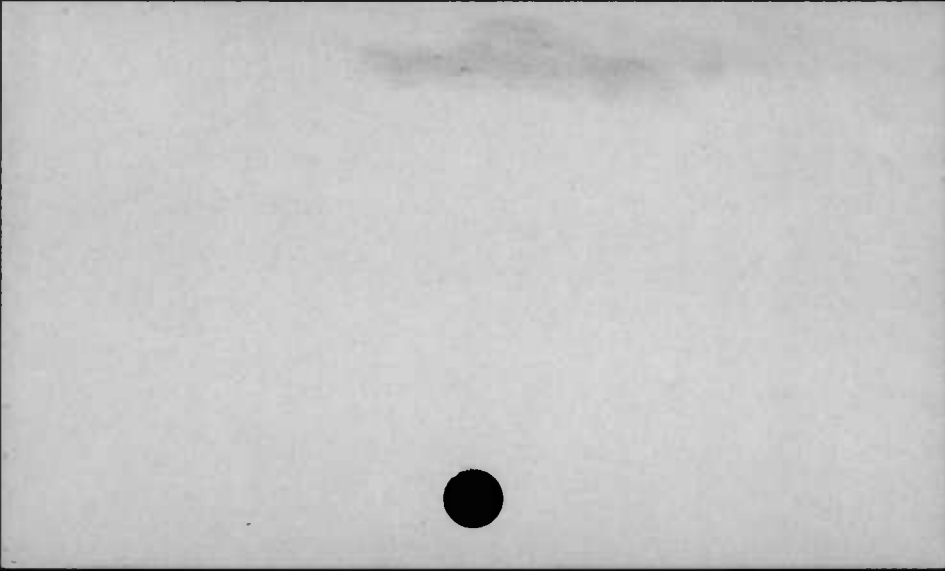
Death Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by John Collinson

Address South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 120		3 Oct		11 th		Age	
Sex		Female		Color or Race		colored	
Married, Single or Widowed				Occupation		city	
Name of Wife or Husband							
Father's Name		Wm Shaw		Father's Birthplace		Annapolis	
Mother's Maiden Name		Susan Smother		Mother's Birthplace		Annapolis	
Name of person giving information		Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still-born		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Martha Bruce	
yes		Address		Midwife	
Accident or Suicide?				Annapolis Md	



Name
in
Full

CERTIFICATE OF DEATH

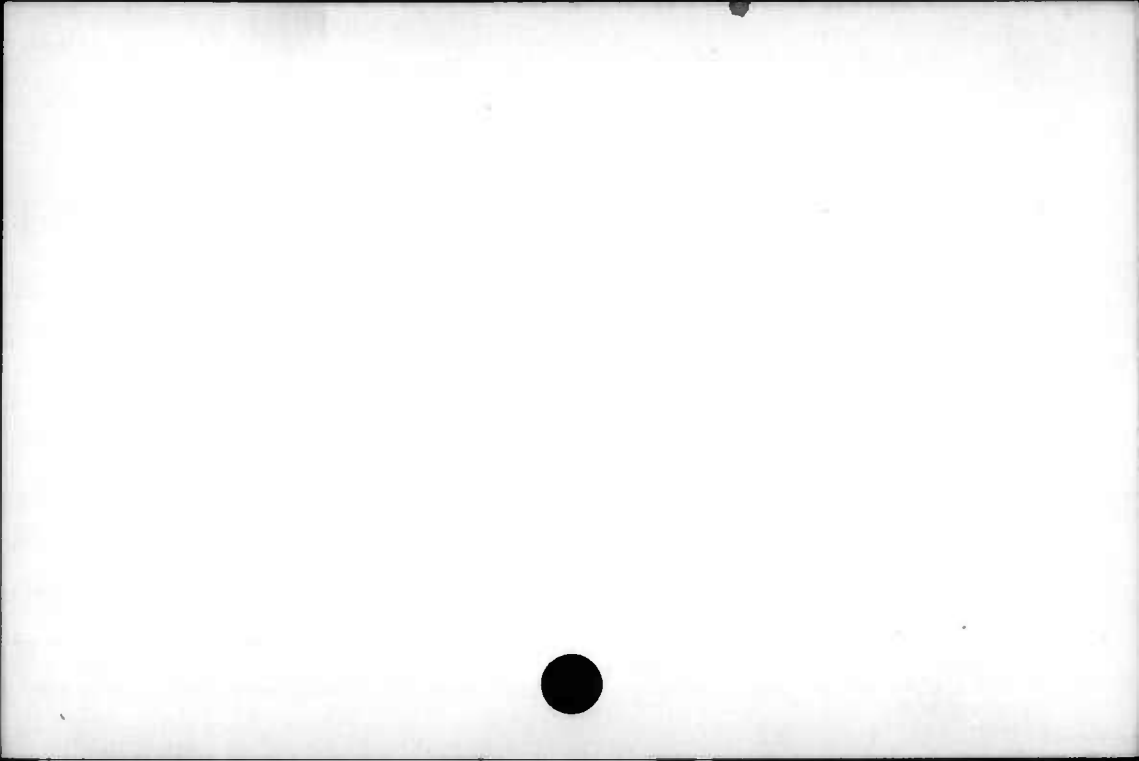
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Thomas Stach		Town So. Balto.		County W. A.		MARYLAND	
Died at So. Balto.		Date of death 1903 Oct 12		Age 82		Months Days	
Sex Male		Color or Race White		Birth-place Europe			
Occupation Laborer		Where Residing if not at place of death So. Balto. Md					
Married, Single or Widowed Single		Name of Wife or Husband Mary Stach					
Father's Name Thos. Stach Sr		Father's Birthplace Europe					
Mother's Maiden Name Mary Malzick		Mother's Birthplace Europe					
Name of person giving Information Mary Shetlik		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility	How long —
Immediate Heart Failure	How long Immediate
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos. Barton MD
	Address So. Balto. Md
Accident or Suicide? no	



Name
in
Full

Thomas W. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>At</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Oct</i> ^{Day}	<i>3rd</i> ^{Age}	<i>3</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Annapolis</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Louis Thompson</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Vietta Weems</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving Information <i>Father</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marginal</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>Yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?		<i>Id</i>	



Name
in
Full

Battie Goodle

CERTIFICATE OF DEATH

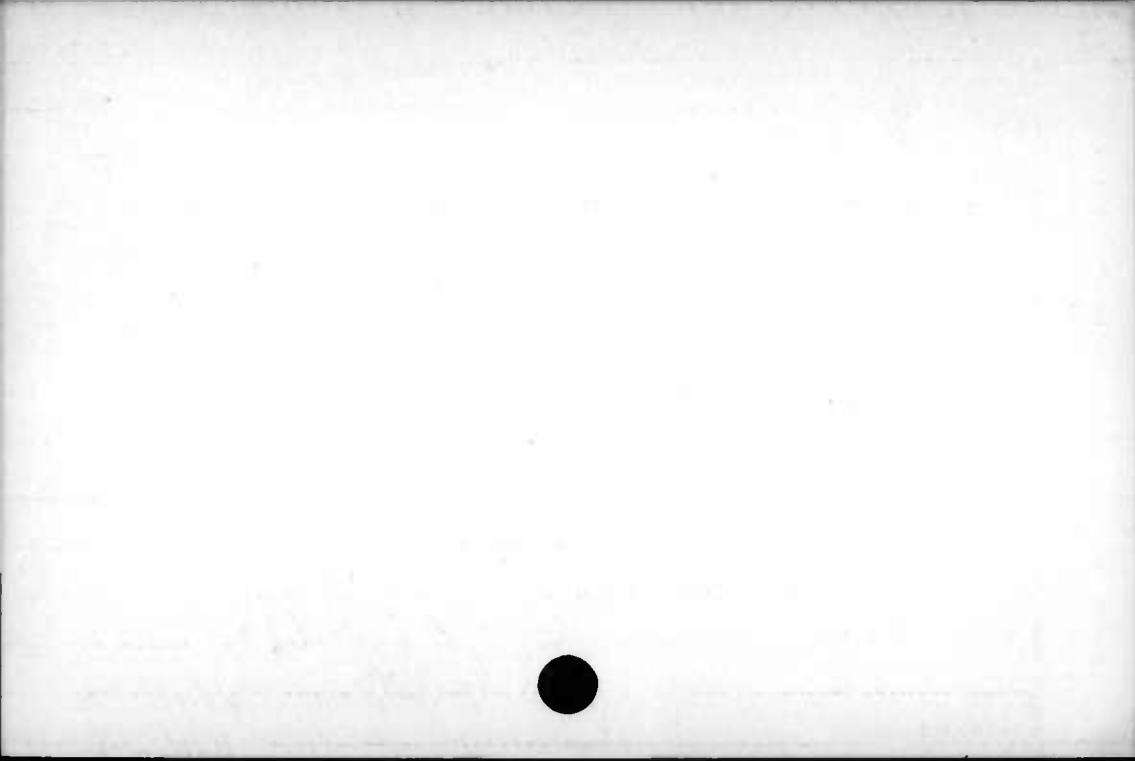
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Oct		13th		Age	
Sex		Female		Color or Race		Colored	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Fred Goodle 151.			
Mother's Maiden Name				Elizabeth Green			
Name of person giving information				Mother			
Father's Birthplace				Not bo.			
Mother's Birthplace				Annapolis			
How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Marasmus		How long		Months	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes.				John Ridout, M.D.			
				Address			
				Annapolis			
				Md			
Accident or Suicide?							



Name
in
Full

Leithe Fozgovod

CERTIFICATE OF DEATH

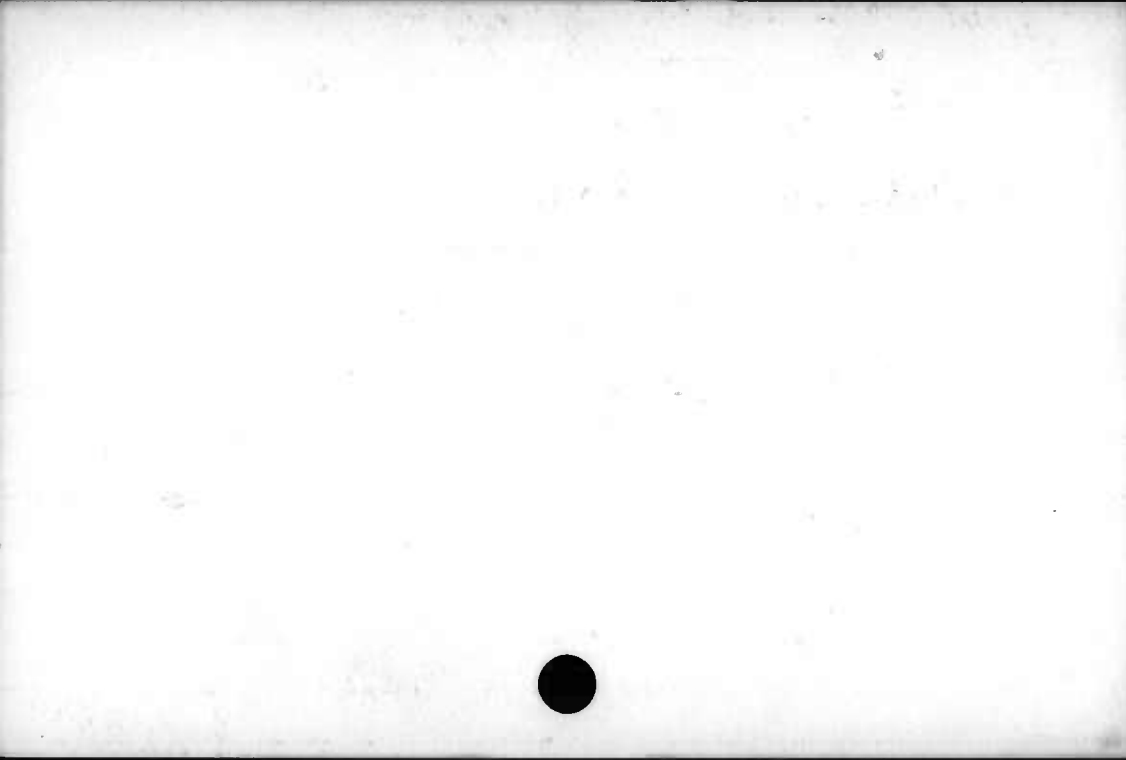
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Waterbury</u> Town		<u>Amundson</u> County		MARYLAND	
Date of death	<u>1993</u> <u>Oct.</u> Month	<u>4</u> Day	Age <u>69</u> Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>A. G. Co. Md</u>
Occupation	<u>Cook</u>	Where Residing if not at place of death		<u>Baltimore</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James Fozgovod</u>	<u>79</u>	Father's Birthplace	<u>A. G. Co. Md</u>	
Mother's Maiden Name	<u>McKoy</u>		Mother's Birthplace		
Name of person giving Information	<u>S. H. Fyler</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular Disease of Heart</u>	How long	<u>Unknown</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. B. Gantt</u>
		Address	<u>Millersville Md</u>
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Irene Hall's

Town

County

MARYLAND

Died at

Hoodwardville Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Benjamin Hall's

Mother's
Name

Katie Hall's

Cause of

Primary

Death

Immediate

How long sick

Ulcerative Tonsillitis several days

Accident, Suicide, Homicide

Reported by

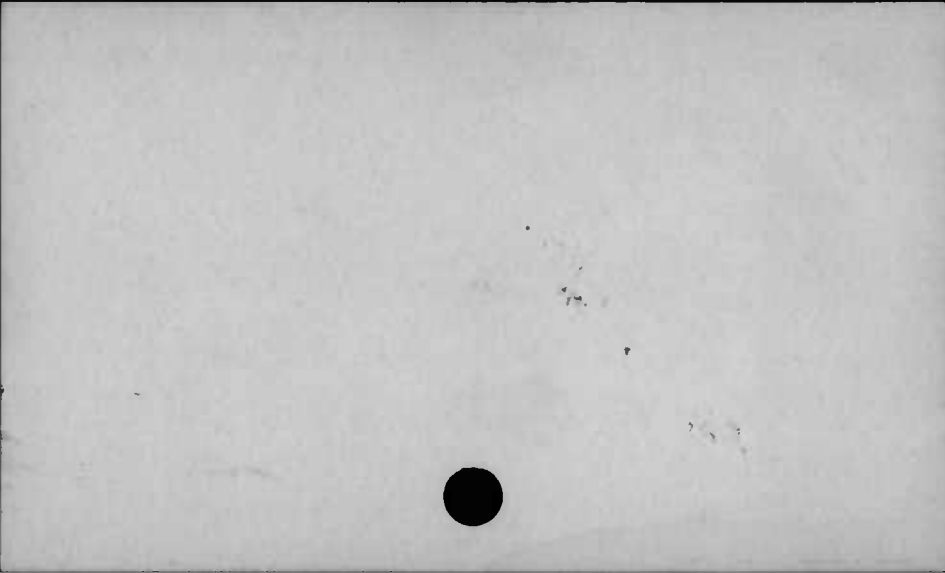
Sam H. Anderson, M.D.

Address

Hoodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mattie Hallie

Town

County

Died at

Woodwardville, Anne Arundel, MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Oct, 2

Age

4

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Benjamin Hallie

Mother's

Name

Katie Hallie

Cause of

Primary

Ulcerative Tonsillitis

How long sick

Death

Immediate

Cardiac Depression

Accident, Suicide, Homicide

Reported by

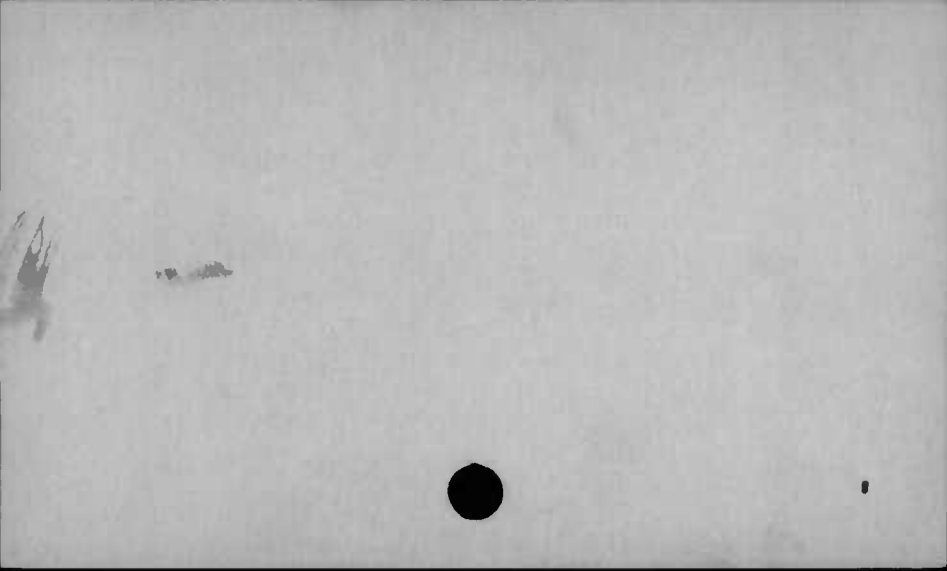
Sam, H. Anderson, M.D.

Address

Woodwardville, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Harrison Newton Wells

CERTIFICATE OF DEATH

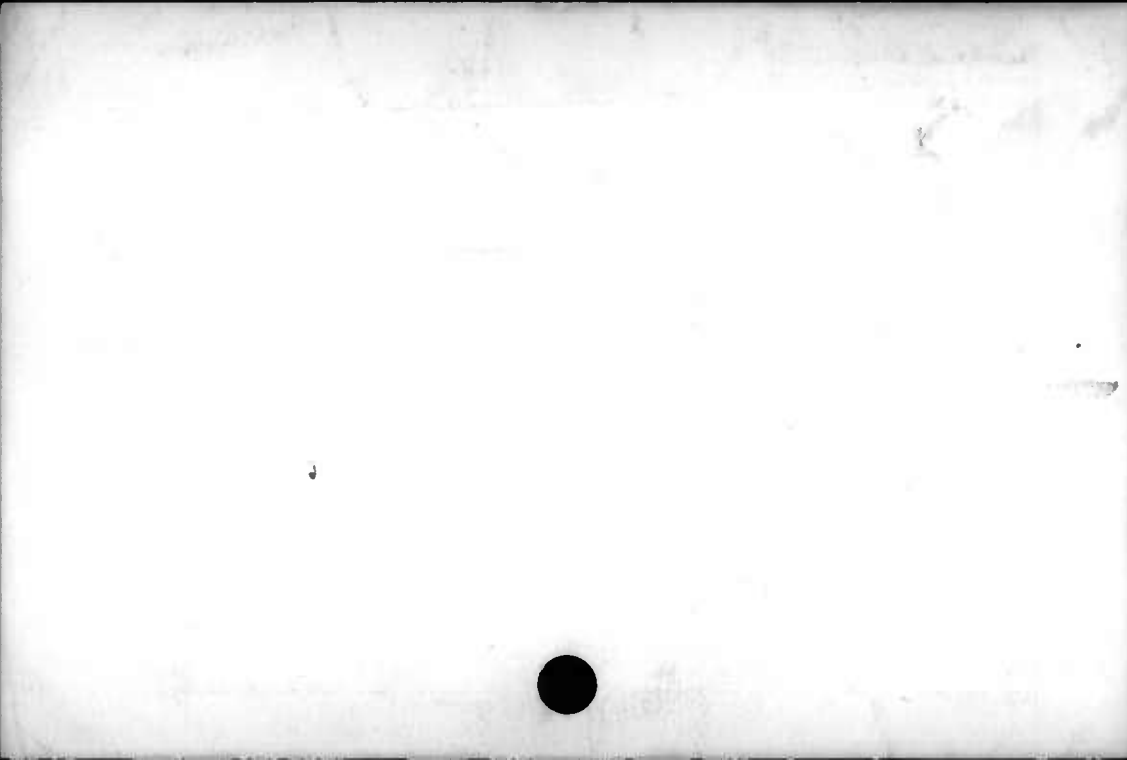
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Waterbury</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct.</i>	Day <i>8</i>	Years	Months <i>4</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death <i>near Waterbury</i>		
Married, Single or Widowed		Name of Wife or Husband <i>none</i>			
Father's Name <i>James N. Wells</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Angelia E. Hopkins</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Louisa Hopkins</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intermittent fever</i>	How long <i>2 wks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. Bryant</i>
	Address <i>Millersville Ind</i>
Accident or Suicide? <i>E. J. Joyce Schurz</i>	Coroner. <i>Millersville Ind</i>



Name in Full Glenn Wilder		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Glenn ^{town} Bernie		County Qa
	Date of death 1903		Month 10 Day 9
	Age 5 Years		Months 5 Days
	Sex Female	Color or Race White	Birth-place md
	Married, Single or Widowed Single		Occupation
	Name of Wife or Husband		
	Father's Name Adolph Wilder	Father's Birthplace Pa	
	Mother's Maiden Name Bertha Bram	Mother's Birthplace Pa	
Name of person giving information father		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Marasmus		How long 3 mo
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos A. Magowan
			Address Glenn Bernie
	Accident or Suicide?		



Name
in
Full

Susan Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		A A Co.		County		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death 1903	Oct.	22	Age 63.						
Sex	Female		Color or Race	Black		Birth-place	A A Co		
Married, Single or Widowed	Married		Occupation	House Work					
Name of Wife or Husband	John Smith.								
Father's Name	Peter Stark		79		Father's Birthplace				
Mother's Maiden Name	Edna Clark		79		Mother's Birthplace				
Name of person giving information	James Bell				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
			Laurel
Accident or Suicide?			

